UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | |
|--|--------------------------------------|---|
| 1 Date of Request: 10/21/23 2 Serial/Patent # 10/6/3 990 | | |
| 3 Please refund the following fee(s): | 4 PAPER 5 DATE NUMBER FILED 6 AMOUNT | r |
| Filing | \$ | |
| Amendment | \$ | |
| Extension of Time | \$ | |
| Notice of Appeal/Appeal | \$ | |
| Petition | 9/29/03 \$ 1170 | |
| Issue | \$ | |
| Cert of Correction/Terminal Disc. | \$ | |
| Maintenance | \$ | |
| Assignment | \$ | |
| Other | \$ | |
| | 7 TOTAL AMOUNT S // ') 2 | |
| | 8 TO BE REFUNDED BY: | |
| 10 REASON: | Treasury Check | |
| Overpayment | Credit Deposit A/C #: | } |
| Duplicate Payment | ,50-0865 | |
| No Fee Due (Explanation): | | |
| Case is not about - Bet to review of the | | |
| and university. | | |
| 11 REFUND REQUESTED BY: | | - |
| TYPED/PRINTED NAME; FKVICKS TITLE: 12ts SLV | | |
| SIGNATURE: PHONE: 305-8680 | | |
| office: ATCL. | | |
| ************************************** | | |
| APPROVED: DATE: 10010 | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office f Finance Refund Branch Crystal Park One, Room 802B